



Montgomery Fire/Rescue Physician's Release Certificate



All portions of this certificate to be completed by Physician's Office ONLY

I Use of Personal Sick Leave

_____ was under my care
Print Name

from _____ to _____ and
Date Date

may return to full duty on _____ with
Date

No Limitations and No Restrictions.

II Use of Family Sick Leave

This section is to be completed by the Physician if a family member's illness required the attendance/care of the Employee.

The absence of _____, from _____ to _____ ,
Print Employee's Name Date Date

was required to allow him/her to attend/care for _____,
Family Member Treated

who was treated by this office.

Physician Information

Medical Facility Name

Print Physician Name

Date

Physician Signature

Any employee that fails to complete, falsifies or alters any portion of this document shall receive disciplinary action up to and including termination as stated in Montgomery Fire/Rescue Rule - Article II sections 309 and 314.